

# TLC Trial Form TX0.04

formerly Form RX1

## Initiation of Treatment

Center ID: \_\_\_\_\_ - \_\_\_\_\_  
Study ID: T \_\_\_\_\_ - \_\_\_\_\_  
Visit Code: T \_\_\_\_\_  
Date of Visit: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**INSTRUCTIONS:** This form is to be filled out at the initiation of each round of treatment.

### STUDY DRUG DISPENSED

1. **Treatment round** ( )<sub>1</sub> First T0  
( )<sub>2</sub> Second T4  
( )<sub>3</sub> Third T8

2. **Study drug bottle number**

*Place label from  
**STUDY DRUG BOTTLE**  
in this box*

- Second bottle for BSA Class F only**

*Place label from  
**STUDY DRUG BOTTLE**  
in this box*

3. Is this child currently taking any prescription medicine?

( )<sub>0</sub> No ( )<sub>1</sub> Yes, specify \_\_\_\_\_

### ADMINISTRATIVE MATTERS

4. **TLC Staff** \_\_\_\_\_  
*Signature* *TLC Code*

### COMMENTS